Using more healthcare areas for placements

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Abstract

This article will present the findings of a national Higher Education Academy (HEA) workshop, held at the University of Derby in November 2012 entitled "*Developing placement learning opportunities within the private, voluntary and independent sector*". The article is structured around three issues discussed at the workshop. These are: current practice and opportunities for learning; myths, attitudes and solutions; and maintaining the quality of placements. The need for private, voluntary and independent (PVI) placements in nursing programmes has become more important in recent years due to reconfigurations of health services. Current practice indicates that these placements can be used effectively within nursing programmes, with a view to illuminating the realities, whilst challenging myths and attitudes of PVI placements. As a consequence, dedicated time and resources need to be provided to discover and maintain these placements ensuring appropriate learning opportunities and quality within these areas. In conclusion, the use of PVI placements is seen as valuable and a set of recommendations are provided to assist in their use.

Introduction

Practice placements are an important part of all nursing programmes leading to registration. It is a Europe wide requirement for all such courses to have at least 2300 hours of practice based content (NMC 2010, Directive 2005/36/EC). Traditionally, nursing students have been placed for the majority of their time on NHS hospital wards for these placements. For many years now, all Governments have had a policy direction of moving as much care away from acute hospitals as possible (DH 2006). This has led to a reduction in the number of NHS hospital beds. Consequently, the capacity of these hospital placements has been diminishing with emphasis placed on the need to prepare students for newly qualified positions in posts outside of the traditional NHS hospital and community setting. Therefore, there is a need for nurse education programmes to use private, voluntary and independent sector placements (PVI) in a more integrated way than they generally are at present. This is congruent with the recent National Nursing Research Unit report about mentorship (Robinson et al 2012). This report indicates that the existing system of mentorship is under strain. Especially, this addresses the need for additional mentorship capacity in order to provide for the practice education of the commissioned number of students as required by employers for workforce planning. It is also proposed that access to placements within the PVI sector may encourage newly registered nurses to apply for posts within this sector as this is a growing area of employment for first destination nurse graduates.

What are PVI providers? The providers described as PVI include health care across the whole patient journey including healthcare provision across primary, secondary and tertiary care. Examples include NHS treatment centres, hospices, nursing homes, out of hour's service providers, prison services, GP surgeries and private hospitals. The main qualifying definition is that they are all outside of the traditional NHS and community placement settings.

In November 2012 the University of Derby hosted a national Higher Education Academy workshop on this issue (HEA 2012). Colleagues from universities, NHS and PVI sectors around the country participated in this event. This article is based on the products of this workshop and our experience as educators in developing PVI placements. The article is structured around three issues discussed at the workshop with reference to placements in the PVI sector. These issues are: current practice and opportunities for learning; myths, attitudes and solutions; and maintaining the quality of placements. The rest of the article will expand on these points and recommend actions for practice based upon them. The first issue emerging from the workshop examines current practice and will now be examined.

Current practice and opportunities for learning within the private, voluntary and independent sector

The need to develop non-NHS placements is recognised by the Nursing and Midwifery Council (2010). It is seen as essential in enabling exposure to diverse practice learning environments in order to develop the knowledge, skills and competence of student nurses. This is in preparation for professional registration and to reflect the future configuration of services.

Since the development and validation of the BSc (Hons) in Nursing in 2012, the University of Derby have been applying a hub and spoke approach to practice learning. This is a locally designed version of the hub and spoke approach. Different universities interpret the hub and spoke approach differently; therefore, the local version has been illustrated in Fig. 1 and 2 below.

University of Derby Model for Hub & Spoke:

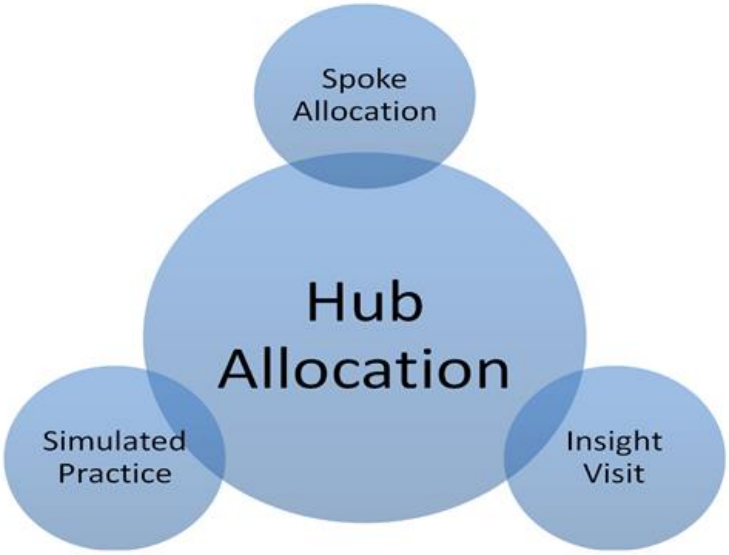

Fig.1

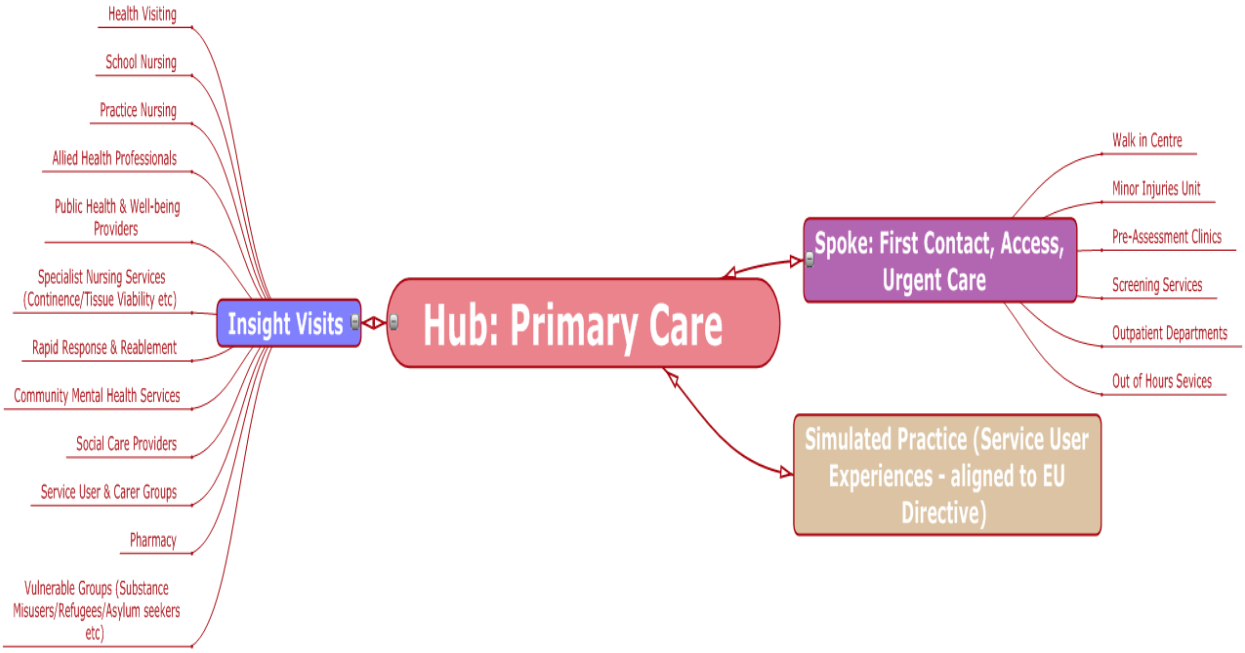

Fig.2

Many other approved education institutions (AEIs) of nursing education have also taken this approach. Roxburgh, Bradley, and Lauder defined hubs & spokes as:

> …contrasting but complementary learning experiences…A Hub is defined as the main base for practice learning…students returned to the same hub placement in subsequent periods of clinical learning to, facilitate a higher level of learning and

> development…the return to the hub area allowed guaranteed access to the same mentor and mentor team…Spoke placements are secondary learning opportunities, derived from and related to Hubs through the provision of additional learning experience not offered in the hub placement. Spoke placements can be in health or social care settings but all such placements emphasise the patient journey and allow experience of models of local care delivery/integrated care pathways (2011:9).

Despite the extensive adoption of this philosophy for practice learning across providers of nursing education, anecdotally, it appears that the interpretation of the principles of hub & spoke as a framework varies across AEIs. It is suggested that this variation may be due to a multitude of factors including the following: the requirements of the distinct fields of nursing; a reflection of local service provision and hence opportunities; and transformation of both NHS and non-NHS services leading to logistical challenges in placing students. Therefore anyone reviewing exemplars and recommendations for the adoption of hub & spoke to PVI settings need to be mindful that flexibility should be built into this framework approach for practice learning to reflect current and future service configurations.

During the workshop, in order to facilitate this discussion of potential opportunities, discussion of issues was encouraged. Within one of the issue discussions, attending participants were tasked with exploring their current and future practice learning opportunities to enable the embedding of PVI experience within a hub & spoke framework. This was rather than the use of PVI being interpreted as a separate entity, or indeed as a filler for overstretched placement capacity demands.

The diversity of representatives from practice placements enhanced the understanding of those services without any experience of the hub and spoke framework, and facilitated the sharing of good practice for those developing the framework. The manager from a local private hospital supporting individuals with learning disability and co-morbid conditions including mental health problems, personality disorder, forensic issues and physical health problems, was interested in becoming a practice placement area. During the workshop this manager, with the support of another placement area already following the framework, was able to see the huge potential of what they had to offer to a student's learning experience. In particular this reflected their philosophy of an holistic approach to the individual's recovery.

The sharing of good practice highlighted a number of benefits of the hub and spoke framework related to PVI placements. These included an increase in the number of learning opportunities and expansion in the number of hub placements as a result of spokes being able to take on this role. Students developed an in depth understanding of the patient's journey. Hub placements were able to identify and support students who had difficulties early on in their training. Opportunities for the development of interprofessional learning were easier to instigate. Through a service improvement exercise third year students made a significant contribution to practice and the patient experience based on the time spent in the placement and the development of an in depth understanding of the service provided.

To sum up, the current use of PVI placements can usefully be expanded and deepened. PVI placements can be used as both hubs and spokes within the placement experience of students. This will enhance the range of experience for students, their access to the complete patient journey and a fuller exposure to holistic care. The second of the issues raised at the workshop relates to myths and attitudes about PVIs and will now be discussed.

Myths, Attitudes and Solutions with regard to the private, voluntary and independent sector

This part of the workshop focused on discussion surrounding myths and attitudes of pre-registration nursing students when accessing placements with the PVI sector. The groups were presented with statements relating to common misconceptions which included issues such as the following: placements in the PVI sector offer a restricted learning experience; PVI experiences are not suitable for final management placements; and newly qualified nurses do not take up posts within this area as preceptorship is not made available.

In relation to the PVI sector do these myths carry any weight? Do the students have preconceived ideas about these areas which provided clinical learning experiences within the PVI sector?, Anecdotally, traditional placements within the NHS setting are perhaps viewed by the students as being the areas to be valued and the PVI placements considered as second rate. Within the literature there is ample discussion on challenging myths and beliefs of students being placed within care of the older person nursing home settings, identifying attitudes that include residential aged care as an unattractive career option with limited learning opportunities. Robinson et al (2008) argue that this attitude is having an impact on recruitment to these care settings, believing that by exposing pre-registration nursing students to this area through clinical placements this prejudice would be weakened and result in more students being willing to consider a career within this area.

There is also evidence within the literature that practice nurses within GP practices are an overlooked placement within the PVI sector, with emphasis being placed on the value of placements with community nursing teams. Yet a study conducted by Halcomb et al (2011) highlighted that many practice nurses believe they could offer valuable learning experiences with a diverse range of clinical skills being undertaken many of which are limited within traditional acute hospital placements. This study also suggests that recruitment to this specialised area is also enhanced through offering clinical placements to pre-registration nursing students.

From the workshops, delegates had a number of suggestions to identify how the myths could be answered in practical ways which includes altering the student expectation, improving partnership working and ensuring adequate pre-placement preparation.

The value of PVI placements needs to be supported by a rigorous audit tool, and with regards to curriculum design it would be worthwhile to class all placements as ‘clinical learning experiences’ rather than describing them as PVI and NHS.

In conclusion to this section, the use of PVIs can be seen as a valuable experience where nursing skills and knowledge can be gained. Their use will also expand the potential career choices for newly qualified nurses as these workplaces will be familiar to students exposed to them on placement. The final issue raised at the workshop regards quality concerns. This will now be addressed.

Maintaining the quality of placements in the private, voluntary and independent sector

The key areas discussed during this part of the workshop centred on clinical placement audit procedures; the role of the Care Quality Commission (CQC); mentor training and updating and support mechanisms.

A theme that emerged from the workshops focused on the importance of clinical placement audits as a tool to monitor and maintain quality. The current, locally agreed audit system requires clinical placement areas to be audited every 22 months, the audit tool contains information relating to health and safety, learning opportunities, student support, mentors and patient care (Nottingham et al 2011). This locally agreed system is bespoke for Nottinghamshire, Derbyshire and Lincolnshire. Other localities will have different policies. Porter et al (2011) suggest that education providers are responsible for ensuring appropriate clinical placements which is the aim of the current audit process. In order to further ensure that the audit process addresses quality, delegates identified the role of the CQC as a crucial element highlighting that the audit should be linked to CQC inspections. The suggestion was, that auditors should be required to access inspection reports prior to conducting a placement audit. Furness (2009) supports this practice, believing that inspections are vital to quality, as they provide an assurance of minimum standards that act as a safety net in conjunction with providing care providers with support and guidance.

Delegates identified access to mentor education programmes and updates as key to the support of staff within the clinical area. Different localities across the UK have attempted a variety of solutions to this issue. However, in this region of England, staff within the PVI sector can access funding from the Local Education and Training Board to pay for their attendance and assessment on the university module designed to meet the NMC standards to become a mentor (NMC 2008) provided they accept pre-registration nursing students on a clinical placement within their practice area. This agreement has led to an increase in the number of PVI placements available as more staff complete the mentoring module. Mentor updates are provided annually within each PVI placement area by link lecturers from the University of Derby which further strengthens partnership working and promotes quality. Requirements for mentors' triennial reviews are also managed in partnership with the PVI placements and link lecturers. It is also worth noting that funding is not merely restricted to mentoring modules which then assists nurses within the PVI sector with their professional development needs.

Support mechanisms focus on the role of the link lecturer who provides support via email, telephone and placements visits. Students and mentors within PVI placements are visited at least once during the placement by a link lecturer where opportunities are available for mentors and students to discuss any issues relating to the placement. The discussion amongst delegates focused on the implementation of a dedicated practice facilitator role to provide this support, with delegates identifying that this would be best practice as similar roles exist within NHS placement providers (Whitehead 2010). This is supported by Halcomb et al (2011) who believe that whilst it may be unreasonable to adopt the same model as large NHS trusts there must be recognition of the resources required to support PVI placements.

This section indicates that quality concerns can be met with relation to PVIs. Use of existing audit processes and reference to CQC standards ensure the quality of placements. In addition the PVIs themselves gain additional support and education opportunities by their association with the AEIs. This access to CPD is likely to improve staff morale and patient care as well as student experience. Now that the issues have been discussed by a wide range of stakeholders at this national workshop, it is possible to suggest some recommendations to improve future practice.

Recommendations for Practice

The culmination of this workshop was to agree a simple checklist and a support cycle to help to ensure that education providers and health services work to ensure best practice in this arena. The participants were keen to share their findings to engender this and the suggested processes are presented below.

The five step guide for developing and maintaining PVI placements:

1. Dedicated time allocated to this role.
2. Implementation of support networks.
3. Robust quality assurance mechanisms.
4. Sharing of best practice through evaluation.
5. Adequate pre placement preparation.

Fig. 2 below illustrates the process involved in securing, developing and maintaining placements within the PVI sector.

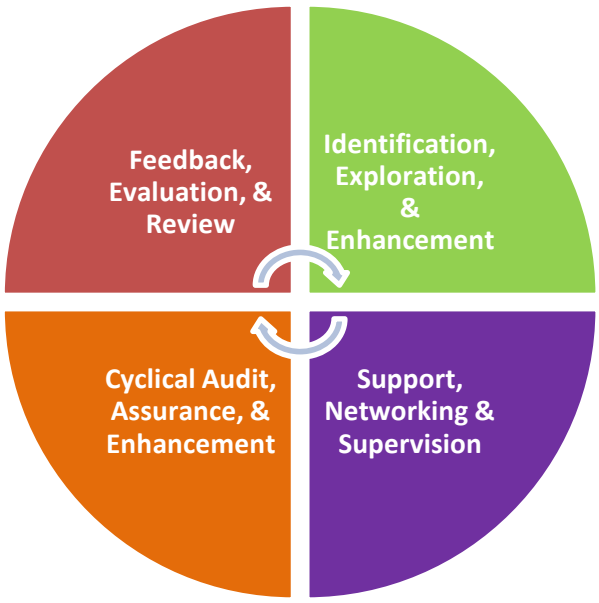

Fig. 2

The University of Derby has enacted these recommendations. A member of academic staff, the PVI lead, has been allocated time and responsibilities to ensure the selection and maintenance of PVI placements. PVI placements are included in practice team support networks alongside NHS clinical placements of a similar type. CQC reports are examined prior to placement selection and monitored by the PVI lead to ensure continuing quality of clinical experience. Educational audits are carried out to the same stringent standards as all placements. When new types of placements are used, the PVI lead, monitors and evaluates the placement closely. All placements are evaluated by anonymous student review. These evaluations are shared with placements and academic staff. If any quality issues arise an

action plans are devised and the outcome monitored by the PVI lead. Pre-placement preparation is provided by staff from the PVIs themselves and by former students of these placements. This encourages students to view these placements in the positive light that they deserve to be seen.

PVI placements should not be seen as simply a way of expanding student placements out of hard pressed NHS environments. It is clear from the findings of the national HEA workshop that PVI placements are a valuable learning resource in their own right and should be used even if there were sufficient traditional placements. Therefore, it is recommended that PVI placements are used to the fullest possible extent nationwide to the benefit of employers, students and patients.

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